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Patient-Centered Assessment and Counseling for Exercise

PACE Introduction

PACE is an internationally recognized program that enables primary health care providers to quickly, safely, and effectively promote physical activity within a limited time (2-5 minutes) during a non-acute office visit. PACE is "patient-centered" because the program is tailored to meet the needs of each patient.

PROGRAM STRENGTHS

Uses rigorously researched behavioral change techniques known to promote physical activity

Researchers have identified a number of modifiable factors that help to explain why some people are physically active and others are not. These include: self-efficacy (belief that one can meet physical activity goals), 1,1,3,4 awareness of physical activity benefits, 5 perceived physical activity barriers, 5 support from family and friends, 6 and enjoyment of physical activity. The PACE program targets changes in the factors that are keys to a successful physical activity program. 8

Provides individualized counseling tailored to each patient's readiness to change

A model developed by Prochaska and DiClemente and applied to health behaviors describes various stages of readiness to make behavior changes. This model has been adapted in PACE to "get the right message to the right patient." The brief PACE assessment determines each patient's readiness to be physically active. This enables health care providers to give counseling messages that are tailored to a patient's current needs. Providers need not be behavioral scientists to use the PACE program effectively. The best theory and research from the behavioral sciences have been built into the PACE assessment and easy-to-use counseling materials.

Uses the most current physical activity recommendations and summarizes information about risk, safety, and exercise science for safe and effective physical activity counseling

The recommendations given in this manual are based on the most recent publications by the American College of Sports Medicine (ACSM),¹⁰ National Institutes of Health (NIH) Physical Activity and Cardiovascular Health Consensus Statement,¹¹ US Centers for Disease Control and Prevention (CDC) Workshop on Physical Activity and Public Health,¹² and US Department of Health and Human Services' Physical Activity and Health: A Report of the Surgeon General.²

PACE has been evaluated and proven an effective and practical tool for promoting physical activity as a small part of an office visit

Efficacy—How well does it work?

The developers of PACE¹³ studied its efficacy with 212 sedentary patients from 17 provider sites. Patients received either PACE (intervention) or standard medical care (control). They were assessed at baseline and 4-6 weeks after a visit with a primary care provider. Results indicated that patients who received PACE counseling were significantly more active than control patients at follow-up. As seen in Figure 1, intervention participants increased their walking much more than controls. Self-reported findings were confirmed by activity monitors. PACE counseling by providers is an effective intervention for promoting physical activity. The efficacy of provider-based physical activity interventions has also been supported by other studies.¹⁴⁻¹⁶

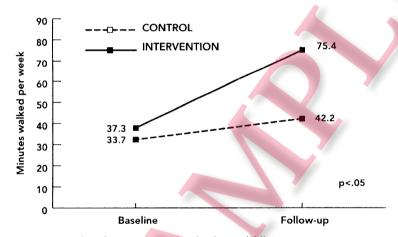


Figure 1. Number of minutes per week at baseline and follow-up.

Feasibility—How easy is it to use?

A multi-site field test in 4 different regions was conducted to evaluate implementation of the PACE program in primary care settings.¹⁷ Providers included 25 physicians and 2 nurse practitioners who received PACE training and implemented PACE for at least five months. One office staff person per site and 107 patients also completed evaluations. Results indicated that PACE is practical for use in diverse settings and can be quickly and easily administered. "The PACE program is potentially an important part of a national effort to enhance the adoption and maintenance of physical activity among adults."¹⁷ (p.80)